



The Journal

Vol. 29

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November 2, 2017

USU Students Participate in Bushmaster



Photo by Sharon Holland



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Warrior Care
Month

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Domestic
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CDC Holds
Imagination
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Nurses Enhance Skills at Rehab Training Course



Sharon May, clinical wound specialist for the Department of Surgery, explained and demonstrated the use of various wound coverings and bandages during the Rehabilitation Nurse Training Course Oct. 5-6 at Walter Reed National Military Medical Center.

Story and photos by Bernard S. Little
WRNMMC Command Communications

The Department of Rehabilitation at Walter Reed Bethesda hosted the Rehabilitation Nurse Training Course Oct. 5-6 at the medical center.

The bi-annual course originated in 2015 and includes class lectures and hands-on training focusing on: Skin integrity and wound management; functional mobility to improve post-op outcomes while keeping patients and staff safe; amputee care; building resiliency by managing stress; and neurogenic bowel and bladder management of patients. Additional training during the course covered: Acute rehabilitation; speech therapy and cognition assessment; discussing sexual health and intimacy with

patients; care of total joint patients; traumatic brain injury; regaining functional independence through participation in activities of daily living; the role of a clinical research nurse; and protecting [the nurse] and the patient.

Janet Frazier, nurse educator in the National Intrepid Center of Excellence (NICoE) with WRNMMC's Department of Rehabilitation, organized the course. She explained it provided a good opportunity for nurses to meet with each other and gain knowledge from different services at WRNMMC. "Nurses that attend this course have an opportunity to learn more in caring for our special patient population by building on their competencies with a common goal of helping patients move towards healing

See **REHAB**
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Bethesda Notebook

Lung Cancer Awareness

The John P. Murtha Cancer Center at Walter Reed National Military Medical Center hosts Lung Cancer Awareness Day Nov. 3 in the America Building, Room 2525. The day begins with the 5th Annual Summit from 8 a.m. to noon, following by a patient seminar from 1 to 3 p.m. The event features Keynote Capt. (Dr.) Martin Edelman. For more information, contact Reisha Maharaj at reisha.t.maharaj.ctr@mail.mil, or call 301-319-3487.

Vietnam War Commemoration

NSA Bethesda hosts a Vietnam War Commemoration on Nov. 7 at 10 a.m. in Memorial Auditorium at Walter Reed Bethesda. Secretary of the Maryland Department of Veterans Affairs and Vietnam veteran George Owings III is slated to be the guest speaker.

U.S. Marine Corps Birthday

The U.S. Marine Corps 242nd birthday celebration at Walter Reed Bethesda will be Nov. 9 at 8 a.m. in front of the Tower on Naval Support Activity Bethesda. Everyone is invited to attend. For more information, contact Sgt. 1st Class Austin Stacey at 301-385-8763 or email austin.d.stacey.mil@mail.mil

Flu Vaccine Available

Walter Reed National Military Medical Center is administering the flu vaccine for all staff members and beneficiaries now through Nov. 30 from 8 a.m. to 4 p.m. Monday through Friday in Bldg. 9, Arrowhead Zone, at the maroon tent in front of Gastroenterology Clinic. The flu shot is beneficiaries and staff members 6 months of age and older. Children under 3 years of age must go to the fourth floor of the America Building to receive the vaccine. Accompanying beneficiaries may also receive their flu vaccine in the clinic. Patients who have an appointment in the America Building may go to the Allergy Clinic to use the Satellite Flu Clinic to receive the vaccine.

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Warrior Transition Brigade Kicks Off Warrior Care Month

Story and photos by Andrew Damstedt
The Journal

Each Soldier has to find a path to follow while in the Warrior Transition Brigade-National Capital Region (WTB), and one shared his returning-to-duty story at the Warrior Care Month kick-off event.

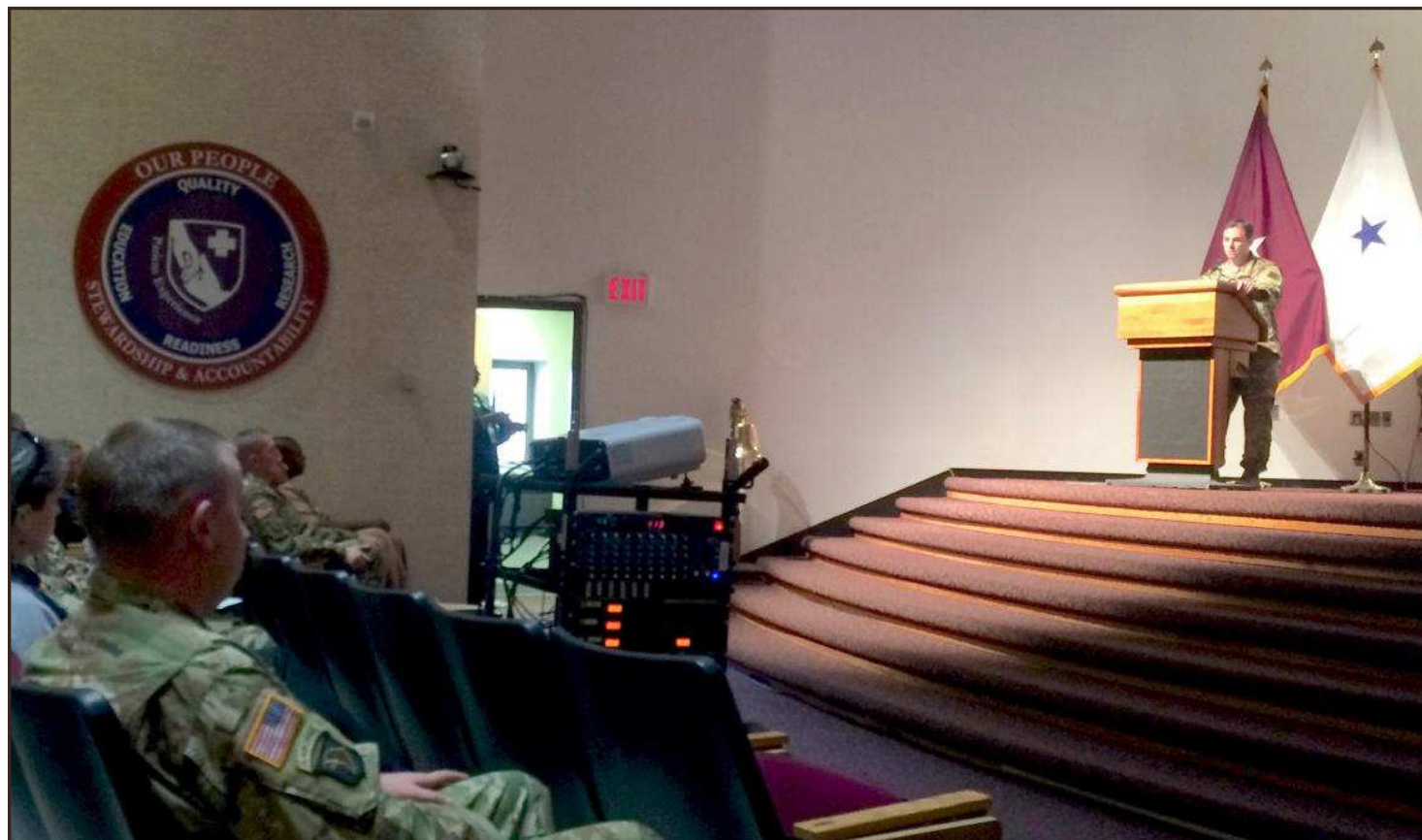
“The Warrior Transition Brigade – no matter how you draw up your career – this is the one unit you never expect to sign up to,” said keynote speaker Lt. Col. Matthew B. Smith at the Oct. 27 event in Memorial Auditorium. “And yet after you spend only a few minutes with the Soldiers who comprise it, you can’t help but set aside your own ailments, no matter how severe they are, and be inspired by those around you who are dealing with so much more.”

He said his long-term career plan that he and his wife, Megan Smith, would review every five years was shattered June 8, 2013 in the Paktika Province of Afghanistan when he was injured in an attack.

“Not only was the plan lost, but our whole peace of mind went with it,” Smith said. “Over the period of eight short days we lost close friends, my leg, and our house. The majority of our possessions we put in storage and we even had to give away our family dog.”

He said he arrived at Walter Reed National Military Medical Center with his family without a long-term plan, but he quickly set a goal to recover faster than any other trans-femoral amputee.

“I spent eight hours a day, working through my recovery with my medical team, my family and my leaders in the Warrior Transition Brigade,” he said. “Six weeks later I took my first steps



Lt. Col. Matthew B. Smith speaks about his journey to return to duty while he was in the Warrior Transition Brigade-National Capital (WTB) Region Oct. 27 in Memorial Auditorium. Smith was the keynote speaker for the WTB's Warrior Care Month kick-off event.

“Unlike any other time spent in any other unit, whether you’re a seasoned general officer or a young private, this unit is collectively built for the individual needs so you can return to duty as soon as possible.”

— Lt. Col. Matthew B. Smith

in a prosthetic leg – my prosthetist ... he could tell you they weren’t pretty steps. Two months later, we enrolled our oldest son Patrick in a new school. Four

months later, we moved out of Building 62 and in April 2014, I returned to duty as the Executive Officer for the Operation Enduring Freedom Study Group.”

The WTB helps wounded, ill and injured Soldiers and their families recover so the Soldiers can either return to active duty or become productive veterans. In November, the WTB is hosting a number of events for Warrior Care month, such as the Warrior Care Month Cup on Nov. 17 in the Naval Support Activity Bethesda gym.

WTB-NCR Commander Col. Brian J. Harthorn said while “every day here is Warrior Care Day, Warrior Care Week, Warrior Care Month, it is nice to take a little bit of time and pause and place a little more team emphasis on this event.”

Rear Adm. David A. Lane, National Capital Regional Medical Directorate director, said caring for wounded, ill and injured service members is a top priority for the Department of Defense.

“Let’s rededicate ourselves to making sure that we make care for Wounded Warriors our No. 1 priority,” said Adm.

David A. Lane, director, National Capital Region Medical Directorate.

Smith said the sole purpose of the WTB is to help the wounded, ill and injured chart a new path.

“Your time here is sacred,” he said. “Unlike any other time spent in any other unit, whether you’re a seasoned general officer or a young private, this unit is collectively built for the individual needs so you can return to duty as soon as possible. The focus of the leadership is on you. The responsibility of the leaders is to you. Take this time and use the resources of this wonderful unit to think about what’s important to you.”

The path he chose in the WTB wasn’t perfect, Smith said, and he experienced unexpected pitfalls, but it helped him understand that he “didn’t really lose anything on June 8, 2013. Those material losses I outlined earlier were just that. As for my physical losses, I think about the people who were with me on June 8, who didn’t get the opportunity to see June 9 and I realized that for whatever reason, I was given the chance to return to duty with my own goals and my own priorities.”



Warrior Transition Brigade-National Capital Region kicked off Warrior Care Month with a keynote speech and a cake cutting ceremony.

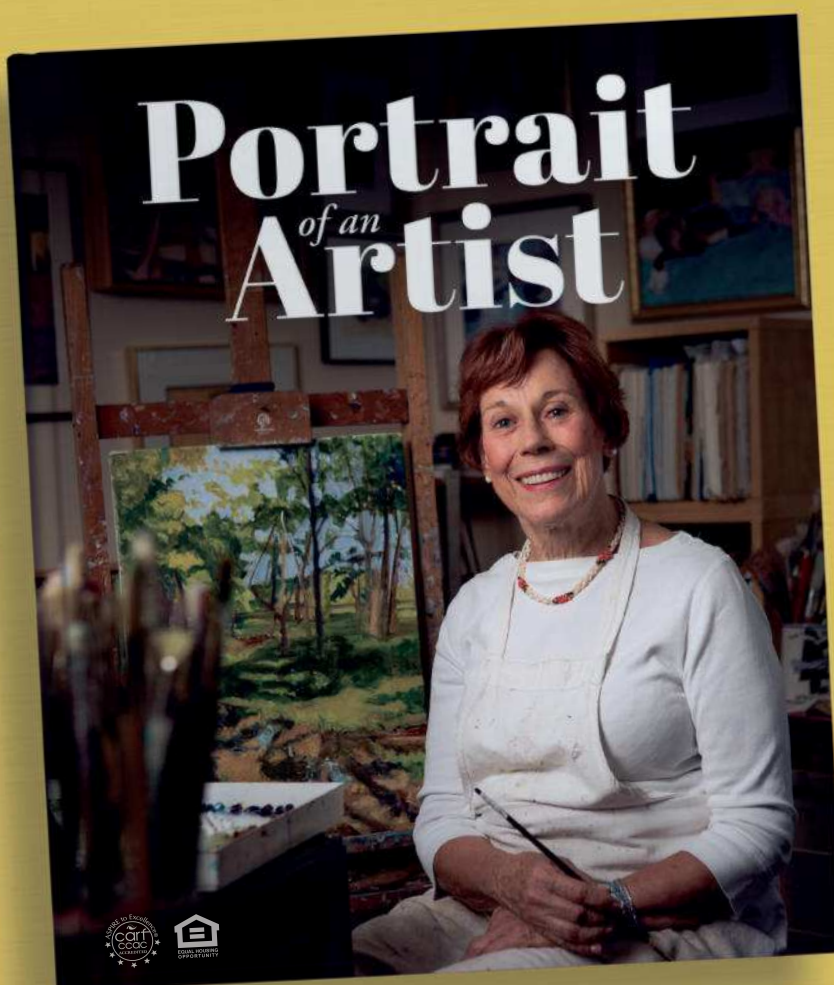
Sailors and Civilians Come Together to Strike Out Domestic Violence



Photos by MC2 William Phillips
NSAB Public Affairs

Sailors and civilians gathered to bowl during the Strike Out Domestic Violence bowling event Oct. 26 at the Bethesda Naval Bowling Center. The event was part of a series of events held in October at Naval Support Activity Bethesda to recognize Domestic Violence Awareness and Prevention Month.





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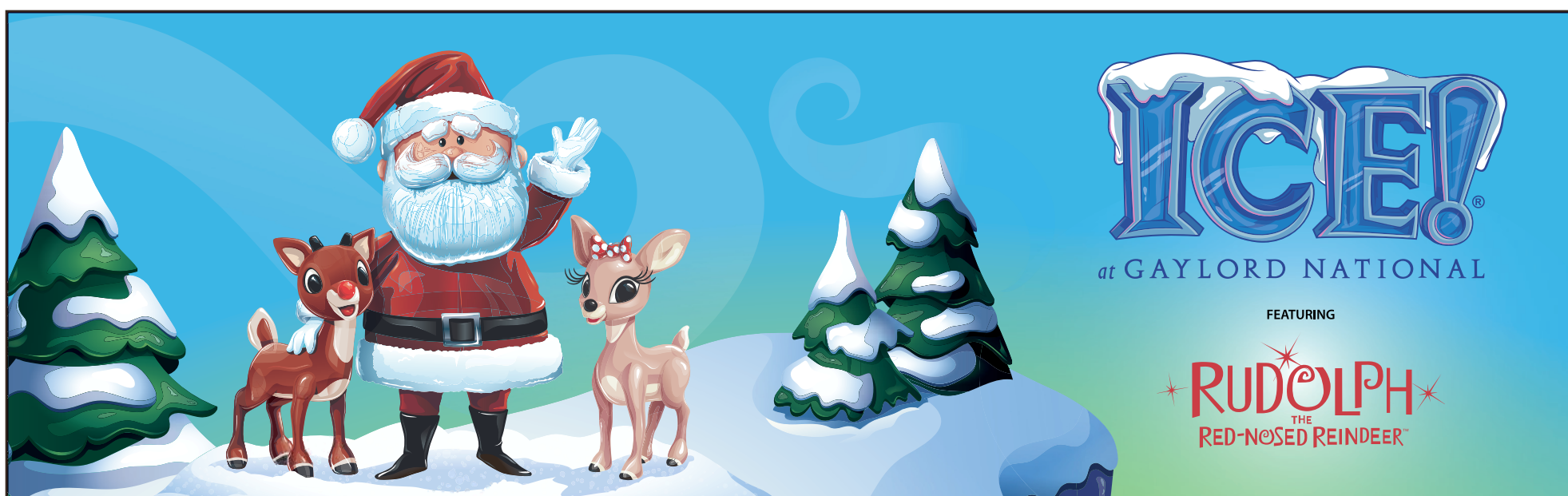
Norma Lasher found her love for art overseas during one of her more than 35 family moves while her husband, Wendall Lasher was serving in the United States Air Force. Those journeys inspire much of the beautiful artwork that fills her apartment and now graces our halls. Hers is but one chapter in our amazing collection of patriots and heroes.

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USU Students Put Skills to Test at ‘Operation Bushmaster’

Photos by Sharon Holland
USU External Affairs

Fourth-year medical students and graduate nursing students from the Uniformed Services University of the Health Sciences participated in the university’s annual medical field practicum known as “Operation Bushmaster” held at Fort Indiantown Gap, Pa. in October. Bushmaster tests the students’ medical knowledge, leadership skills and teamwork abilities over four chaotic, stressful days of a simulated combat deployment.





Domestic Violence Crosses All Lines

Story and photo by Bernard S. Little
WRNMMC Command Communications

A team of case managers and victim advocates provide “crucial” services to those impacted by domestic violence and child abuse on Naval Support Activity Bethesda, home to Walter Reed National Military Medical Center, said Lawanda Dezun, a social worker and victim advocate in NSAB’s Fleet & Family Support Center’s Family Advocacy Program.

Dezun explained FAP is focused on education, prevention and intervention concerning domestic violence and abuse in order to protect victims, hold offenders accountable, help families and promote readiness.

As part of its educational efforts, the FAP hosted clinical psychologist Dr. David B. Wexler at WRNMMC where he discussed “Everything you need to know about Domestic Violence 2017” during a day-long presentation Oct. 23 in Memorial Auditorium.

Wexler specializes in the treatment of relationships in conflict. He also served as the clinical and administrative supervisor for the National Institute of Mental Health-sponsored research study of domestic violence in the Navy from 1991 through 1996, and again from 2001 through 2006.

There is no “one size fits all” when it comes to domestic violence, Wexler stated. He explained domestic violence crosses all socioeconomic, ethnic, racial, educational, age and religious lines.

“We thought we had one clear picture of what domestic violence looked like, [which was] a guy who was a power and control freak, sexist, chauvinistic, objectified women, extremely narcissistic, and who would systematically engage in various tactics to keep a woman under his thumb [using] psychological and physical strategies,” Wexler said. “The woman in this unfortunate relationship in this traditional model was



Dr. David B. Wexler, a clinical psychologist, discusses “Everything you need to know about Domestic Violence 2017” during a day-long presentation Oct. 23 at Walter Reed National Military Medical Center.

one drawn to the charisma or nihilism of this particular man, then at some point found herself in way over her head or beyond what she was hoping for and became dominated.” He added the woman, who may have suffered from low self-esteem, placated the man so as not to aggravate his mood.

“The bad news is that model does exist,” Wexler continued. But, he added, “The guy doing [domestic violence] is not just the power and control freak, nor is the woman who’s doing domestic violence just acting out of self-defense. There are multiple different models for understanding this phenomenon known as domestic

violence, and it is incumbent upon us to be aware of the different models.”

“Domestic violence is about power and control. In any intimate relationship, it is one person’s attempt to control another through a pattern of abusive behavior such as the use or threat of physical violence, sexual assault and psychological and/or emotional abuse. You don’t have to be married to be involved in domestic violence; it can occur in any intimate partnership, heterosexual, gay, or lesbian,” according to the National Coalition Against Domestic Violence (NCADV). The coalition added anyone can become a victim of domestic violence regardless of age, gender, sexual orientation, marital status, socioeconomic status, religion or culture, but most victims (85 percent) in society are women. Children who experience or witness domestic violence can exhibit long-term psychological disorders and they are more than likely to follow in the same behavioral patterns.

Domestic violence can occur in many forms, and some of the most common are physical violence, verbal abuse, withholding money or access to money, denying a partner access to friends or family, threatening physical violence if “rules” are not obeyed, stalking, sexual assault, not allowing a partner to seek employment, smashing objects or destroying property – just to name a few, the NCADV stated.

Wexler elaborated on the reasons why victims don’t report domestic violence including: fear of reprisal (retribution violence); worry about practical problems (loss of income, disruption to children, and exposure of immigration status); and shame and fear of exposure (especially among Asians, gay/lesbians and male victims).

Other reasons for not reporting domestic violence include: fear of losing the relationship/emotional attachment; denial or minimizing the situation (“It’s not that bad” or “I’m not really a victim”); mistrust of the system (fear of the victim that he or she will not be treated well or believed by the system); childhood beliefs (“This is normal”); and religious commitment/

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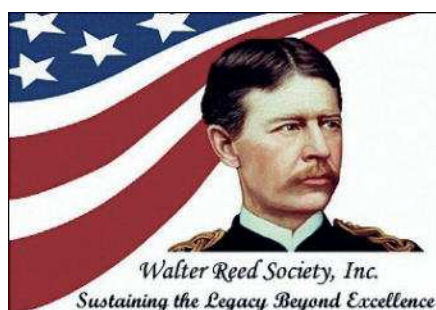


Photos by MC2 William Phillips
NSAB Public Affairs

Children and their parents participated in an Imagination Parade at the Child Development Center Oct. 27. The parade was a way for parents to interact with their children during a break from work.

Walter Reed Society

Assisting the Wounded, Ill, or
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The Walter Reed Society is an all-volunteer 501C-3 charitable organization. Its **mission** is to provide financial or direct assistance to service members being treated at Walter Reed National Military Medical Center and their families in response to their unmet needs during their care at Walter Reed.

In cooperation with the Medical Center, the Society also provides assistance with treatment, education, research activities, travel and lodging, and hospital staff support. Since the Walter Reed Society's inception in 1996, the Medical Center and hundreds of service members and their families have received over \$2.2 million in assistance.

Membership in the Society is open to all - officers, enlisted, active duty, retired, Reserve, National Guard, civilians, patients, family members, volunteers, and friends of Walter Reed.

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REHAB

From
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and reaching their full potential," she stated.

Additionally, there were four skills stations. One led by Sharon May, clinical wound specialist for the Department of Surgery, explained and demonstrated the use of various wound coverings and bandages. May provides services to nearly every ward in the medical center, caring for patients from infants and wounded warriors to retirees. She also helps coordinate the annual Wound Treatment Associate Program at the medical center, providing additional training in wound care management for the WRNMMC staff.

Lauretta Walker, supervisor, and Katherine Kroh, of Inpatient Physical Therapy, led another skill station at the course. Together with students, they discussed and physically demonstrated using the proper techniques for patient transfers to prevent injury to patients as well as providers. According to the U.S. Department of Labor's Occupational Safety and Health Administration, 38 percent of nurses nationwide report musculoskeletal injuries annually resulting from lifting patients, standing in awkward positions over patients, walking miles on hard floors or performing other physically demanding tasks.

At another skill station, Bart Vitelli, Amputee Clinical nurse specialist for [Ortho-Rehab] Services at WRNMMC, provided instructions in the care of amputee patients, demonstrating how to apply a compression dressing to the residual limb and other treatment techniques to combat phantom limb pain.

Frazier discussed and demonstrated caring for patients with neurogenic bladder and bowel concerns.

According to Frazier, the rehabilitation nursing professional's role encompasses many skills including



PHOTO BY BERNARD S. LITTLE

Bart Vitelli, Amputee Clinical Nurse Specialist for [Ortho-Rehab] Services at Walter Reed Bethesda, provides instructions in the care of amputee patients, demonstrating how to apply a compression dressing to the residual limb.

promoting successful living, leadership, interprofessional care and nurse-led interventions. Some of the components of these skills include: Delivering client and family-centered care; implementing interventions based on best evidence; providing client and caregiver education; using support technology to improve outcomes; fostering effective interprofessional collaboration; implementing interprofessional holistic plans of care; developing interprofessional relationships; empowering beneficiaries and families to self-advocate; promoting accountability for care; disseminating rehabilitation nursing knowledge; impacting health policy for persons with disabilities and other chronic illnesses; promoting and facilitating safe and effective care transitions; fostering self-management; and promoting health while preventing disability, Frazier added. "The extraordinary work we all do every day does not go unnoticed. Use what you learned here to help continue to take care of our patients, family caregivers, yourselves and most of all each other," she stated to the class.

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| 11/7 | 11 am-12:30 pm | Navy Online Library Info Session FREE
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| 11/12 | 8 am-3 pm | Sugarloaf Mountain Day Hike and Brewery Tour-\$10 for transportation
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| 11/15 | 5-8 pm | Wine and Weave -Pie Basket- \$27
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| 11/17 | 11 am-2 pm | International Luncheon: Jordan
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| 11/19 | 10 am-3 pm | Trip to the National Museum of African American History and Culture-\$5
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VIOLENCE

From
Page 8

family pressure (to stay married and honor vows).

Child custody issues are major concerns why victims don't leave domestic violence situations, Wexler furthered. Victims are concerned about loss of custody to the other parent or the child welfare system.

In the military community, victims may also be reluctant to report their abuse for fear of harming the abuser's career and impacting the family's income and resources.

"It's never easy to end a relationship, but the decision is even harder and more complicated when your partner is hurting you either physically or emotionally," states the website for Military OneSource, the Department of Defense (DOD) program that provides resources and support to active-duty, National Guard and Reserve service members and their families anywhere in the world. Military OneSource officials recommend victims of domestic violence do the following:

- Connect with a domestic abuse victim advocate. At NSAB and WRNMMC, the Family Advocacy Program office can be reached at 301-319-4087 Monday through Friday from 7:30 a.m. to 4 p.m. After hours, call the command duty officer at 301-538-2843. Ask about

your options for reporting domestic abuse and how to find a safe place to go. You can remain anonymous.

- Talk with a trusted friend or relative. Find someone you can trust, and establish a code word or signal so they'll know if and when they need to call for help. You can also stash a change of clothing for yourself and your children at your friend's house, along with anything else you might need to make a quick exit.

- Gather important documents. Keep important documents like birth certificates, health insurance cards, checkbook, important phone numbers and addresses, and your driver's license in one place for easy access. Save a secret fund of cash in case you won't have access to your shared accounts, or open a new account in your name only.

- Talk with your children. Make sure your children know how and when to call 911, if necessary. Pick a safe place they can go if they need to escape quickly, like a neighbor's house. Depending on your child's age, you may or may not want to discuss your plans to leave.

- Find a safe place to go. Ideally, your safe place will be somewhere your abuser can't find you. A domestic abuse victim advocate can talk with you about shelters or other local places that provide a safe haven.

- Get a restraining order or military protective order. This will make it illegal for your abuser to enter your home or workplace, or to contact your children. You can also give a copy to your children's school or child care providers so they'll know who does and doesn't have permission to pick up your children.

- Save documentation. The more documentation you have, the stronger the case against your abuser will be if you decide to take legal action. Save any threatening messages or emails, and take pictures of any physical injuries you might have.

Within DOD, domestic violence victims have the option of making either a restricted or an unrestricted report of domestic abuse. Both options allow access to personal help and support, also known as victim advocacy services. Victim advocates can support victims of domestic abuse by providing help with safety plans; information on helping resources and referrals; information about military and civilian protective orders; and accompaniment to meetings and medical and court appointments.

Making a restricted report means:

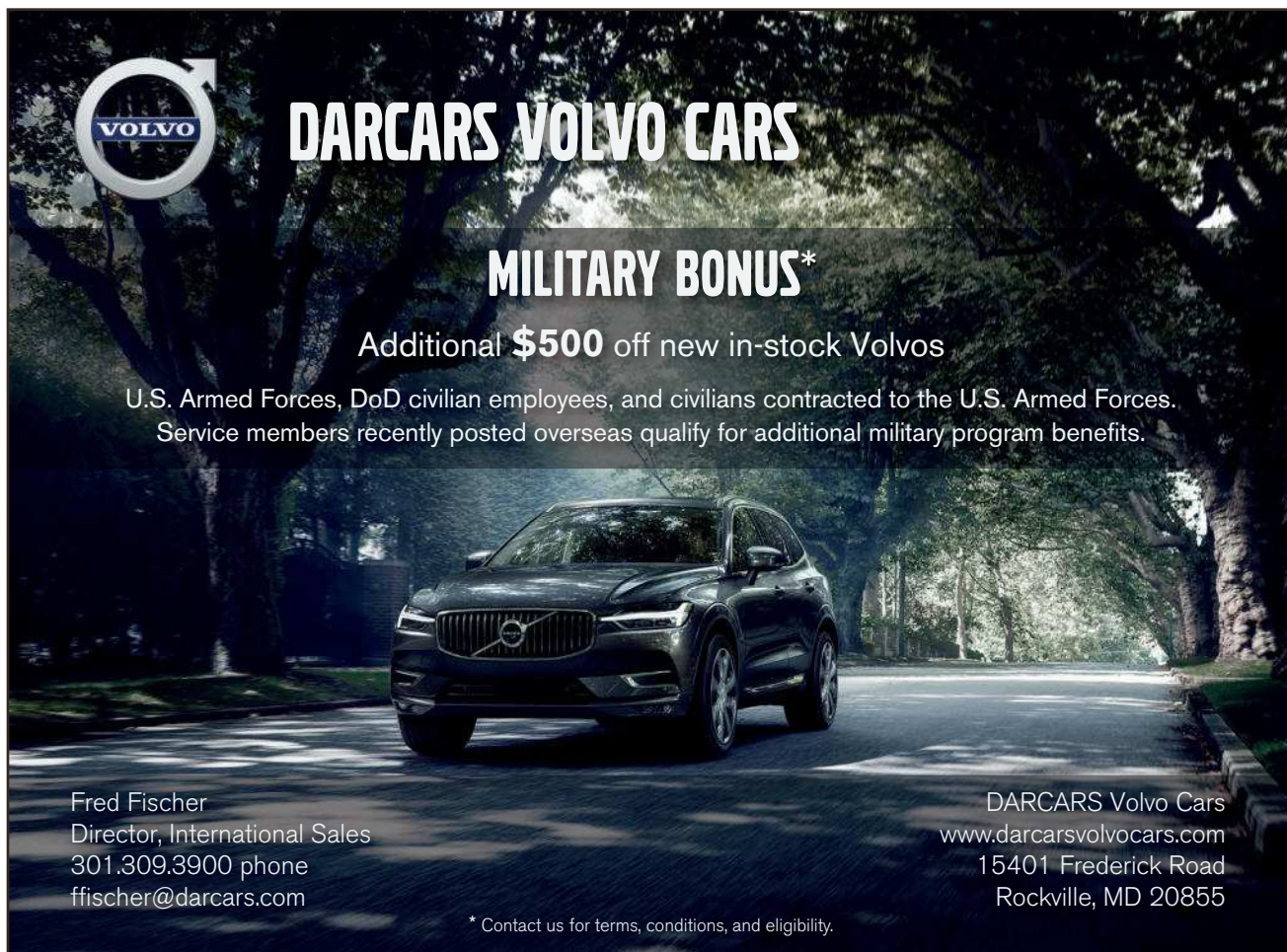
- No law enforcement notification
- No command involvement
- Access to medical care, counseling and support
- Victim advocacy services
- Time to evaluate your relationship choices
- Control over what and how much information to share with others

Because victim safety is a priority, if you are in immediate risk of serious harm, you cannot use the restricted reporting option. The restricted reporting option does not apply to child abuse cases.

Making an unrestricted report provides you with:

- Law enforcement investigation of an abuse incident
- Command notification and potential administrative action against the offender
- Support and protection from the command
- Victim advocacy services
- Information on legal rights
- Assistance in applying for transitional compensation, if applicable

Family Advocacy Program services at NSAB include 24/7 crisis response and intervention, domestic violence education, safety planning, advocacy, and emotional support. For more information, call 301-319-4087. After hours, call the command duty officer at 301-538-2843. Also, people can call the National Domestic Violence Hotline 24 hours a day, seven days a week at 1-800-799-SAFE (7233).



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